FEC FORM 1

STATEMENT OF ORGANIZATION

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OMODE PSECONA A IL CENTER

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	1;
THE FUND FOR AMERICA	AN EXCEPTIONALISM	1111111	 	
	<u>.l., l. </u>	1111111		
ADDRESS (number and street)	1801 N. SHUTT HI	LL ROAD	1.1.1.1.1.1.	
(Check if address			1.1.1.1.1	
is changed)	HUNTINGTON		IN 4	6750
	(CITY	STATE	ZIP CODE
COMMITTEE'S E-MAIL ADDRES	SS (Please provide only one e-	.mail address)		
COMMITTEE O E MINIE NOBINE	MERLER11@COMCAST			
(Check if address				
is changed)				
COMMITTEE'S WEB PAGE ADD	PRESS (URL)			
(Check if address	NA IIII			
is changed)				
2. DATE 01 18	0 / (¥2012 Y	·		
3. FEC IDENTIFICATION NU	мвея С	en de la Propiesa de la composición de La composición de la		
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
I certify that I have examined the	is Statement and to the best	of my knowledge and belief	it is true, correct ar	nd complete.
	MICHAEL J. ERLER	SR.		
Type or Print Name of Treasurer				
Signature of Treasurer	Michally Elu		Date 01	18 2012 Y
NOTE: Submission of false, errone	ous, or incomplete information			e penalties of 2 U.S.C. §437g.
Office Use		For further information Federal Election Commiss Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)

5.

•		· (Horizon de Zeon)
		OMMITTEE • Committee:
(a)		This committee is a principal campaign committee. (Complete the candidate information below.)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)
Name Candi		
Candi Party	idate Affiliati	Office State on Sought: House Senate President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	y Con	nmittee:
(d)		(National, State (Democratic, This committee is a or subordinate) committee of the Republican, etc.) Party.
Polit	ical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
		Corporation Corporation w/o Capital Stock Labor Organization
		MembersItip Organization Trade Association Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.
(f)	X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
		In addition, this committee is a Lobbyist/Registrant PAC.
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)
Joint	Func	draising Representative:
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
(h)	ert; Lak	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.
	Com	nmittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	4.	

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Write or Type Committee N	Name	
THE FUND FOR AMER	RICAN EXCEPTIONALISM	
6. Name of Any Connect	ted Organization, Affiliated Committee, Joint Fundraising Representative, or Le	adership PAC Sponsor
ı REP. ITODD ROKITA		
1-		<u> </u>
Mailing Address	7643 EAST U.S. HIGHWAY 36	
	AVON IN 4	6123
	CITY STATE	ZIP CODE
Relationship: Conne	nected Organization Affiliated Committee Joint Fundraising Representative	X Leadership PAC Sponso
البطا	the B	121 · · · · · · · · · · · · · · · · · · ·
 Custodian of Records: books and records. 	: Identify by name, address (phone number optional) and position of the person	in possession of committee
MICH	HAEL J ERLER SR.	
Full Name	1801 N, SHUTT HILL RD	
Mailing Address		
	HUNTINGTON I IN 14	
	HUNTINGTON IN 4	6750
Title or Position	CITY STATE	ZIP CODE
TREASURER	Telephone number	- <u> -</u> - -
B. Treasurer: List the name any designated agent (e	ne and address (phone number optional) of the treasurer of the committee; and to e.g., assistant treasurer).	he name and address of
Full Name of Treasurer MICI	HAEL J ERLER SR.	
Mailing Address	1801 N. SHUTT HILL RD	
	HUNTINGTON IN 4	67,50 _ , ,
	CITY STATE	ZIP CODE
Title or Position	Talanhara attendar 1	- , , - , , .
	Telephone number	

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Full Name of Designated Agent	MICHAEL J ERLER SR,		
Mailing Address	1801 N. SHUTT HILL RD	1-1-1	
	HUNTINGTON	STATE	2IP CODE
Title or Position	Telephone no	umber	لـــا-لـــا
 Banks or Other safety deposit be Name of Bank, 	Depositories: List all banks or other depositories in which the commoxes or maintains funds. Depository, etc. FIFTH THIRD BANK	nittee deposits	funds, holds accounts, rents
Mailing Address	5925 ILLINOIS ROAD	1-1-1	
	FORT WAYNE	IN	46804 - 1159
	CITY	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
		11.11	
Mailing Address		111	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		111	
			<u> </u>
	спу	STATE	ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label **Postmarked USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery Date of Receipt** Received from House Records & Registration Office **Date of Receipt** Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): 2/15/12